

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 439776

BIRTH NO.		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 45XX		Registrar's No. 15					
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Webster							
b. CITY OR TOWN NIANQUA		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN RURAL-Nianqua Ship. 1)		1120					
d. FULL NAME OF HOSPITAL OR INSTITUTION NIANQUA Hospital				d. STREET ADDRESS (If rural, give location) 12 MI. EAST OF MARSHFIELD							
3. NAME OF DECEASED (Type or Print) Ollie		a. (First)		b. (Middle) YATES		c. (Last)					
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 11, 1883					
9. AGE (in years last birthday) 67		10. MONTHS 5		11. DAYS 20		12. IF UNDER 18 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY							
11. BIRTHPLACE (State or foreign country) Webster County				12. CITIZEN OF WHAT COUNTRY? USA.							
13a. FATHER'S NAME Rev. L.H. Nichols				13b. MOTHER'S MAIDEN NAME ANGALINE NEWTON							
14. NAME OF HUSBAND OR WIFE OSCAR YATES											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.							
17. INFORMANT'S SIGNATURE OR NAME OSCAR YATES				ADDRESS MARSHFIELD, Mo							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart. Mitral Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 HRS			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)							
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21f. HOW DID INJURY OCCUR?											
22. I hereby certify that I attended the deceased from 6:00 PM, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at 6:00 P. M., from the causes and on the date stated above.											
23a. SIGNATURE W. F. Schlicht MD				23b. ADDRESS Nianqua Mo							
23c. DATE SIGNED Feb 6/51											
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion		24d. LOCATION (City, town, or county) Webster County Mo.					
DATE REC'D BY LOCAL REG. 3/7/51		REGISTRAR'S SIGNATURE J. L. Francis 392		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gen. E. Holden Hartsville, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 19 1951

Dist. File 251-407

Date Filed 2-19-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.